2013-09-17 13:12 DC0547PM13501 8652125642 >> TOWNER OF HEALTH AND HUMAN SERVICES P 13/17 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 09/12/2013 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 NAME OF PROVIDER OR SUPPLIER 445135 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE <u>09/09/2013</u> GOLDEN LIVINGCENTER - WINDWOOD **420 LONGMIRE RD** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CLINTON, TN 37716 (X4) (D PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG Ю PREFIX (X5) COMPLETION TAS DATE K 018; NFPA 101 LIFE SAFETY CODE STANDARD K 018 K 018 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or Residents Affected hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core All residents have the potential to wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only be affected. required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors Measures/Systemic Changes are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 Doors adjusted to assure doors are permitted. close to a positive latch. 19,3,8,3 Roller latches are prohibited by CMS regulations Monitoring Changes in all health care facilities. Maintenance will monitor doors daily during interior rounds for positive latch. Any future instances of non-compliance will be reported to Safety Committee Meeting (Nursing, Executive Director, Human Resource, Maintenance, Director of Clinical Education) This STANDARD is not met as evidenced by: monthly for (3) months and Based on observation and interview, it was recommendations made determined the facility failed to assure corridor as appropriate. doors closed to a positive latch. (NFPA 101, 19-3,6.3.) 10/22/13 The findings include: Observation and interview with the Maintenance Director, on September 9, 2013 between 6:00 a.m. and 2:00 p.m. confirmed the following doors failed to close to a positive latch: 1. The staff break room door 2. The staff Dining Services office 3. The fire door by the Admission office ASORATORY DIRECTORS OR PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE TITLE (XI) DATE any deficiency statement ending with an astorick (") denotes a deliciency which the institution may be excused from correcting providing it is determined that 00 the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 any following the date trese documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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ia.	.ea accordatice	not refer to emergency with section 7.8.) 19.2.8		•	!]		
i				Measures/Systemic Changes	11		
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; #335 Idoto	sed on observation a	and interview, it was	i				
light	rmined the facility fa	and interview, it was alled to assure exits were	ļ	Monitoring Changes			
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(Super	Visor and acknowled	dged by the	- 1	(Nursing, Executive Director, Human Resources, Maintannana, Human	" ⁹		
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S=D	101 LIFE SAFETY	DODE STANDARD		and recommendations made as appropriate.	1	- 1	
Requir	ed automotic ensists	*		e-e	i date-		
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CENT	EKS FOR MEDICARE	& MEDICAID SERVICES			PRINTED FORA): 09/12/20 [.] #APPROVE	
AND PLAN OF CORPORENCIES (X1) PROV		(X1) PROVIDERSUPPLIERIC IA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		445135	B, WING_	B, WING		(80,000.44	
GOLDE	N LIVINGCENTER - WI			STREET ADDRESS, CITY, STATE, ZIP CODE 220 LONGMIRE RD CLINTON, TN 37716	1 09/	/09/2013 	
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY			PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCEO TO THE APPROPOSE OFFICIENCY)	noe .	COMPLETION CATE	
K 147 K 147	failed to assure spring compartment were the findings include; Observation and interest of the findings include; Observation and interest of the North Hystandard response and This finding was veriffed to a supervisor and acknown and the North Hystandard response and This finding was veriffed to the North Hystandard response and acknown and LIFE SAFE alectrical wring and exit NFPA 70. National this STANDARD is not a saled to assure electrical alectrical wring and exit NFPA 70. National this standard intervition and intervition and 2:00 p.m., confidencies with electric Outlet in the exit alcount of the televition and the total counter the televition and sitting area was loose. Outlet next to the televit sitting area was loose.	not met as evidenced by: on and interview, the facility kler heads in each ite same types. view with the Maintenance inber 9, 2013 at 8:30 a.m. two different sprinkler /AC equipment room, one id one quick response head. ed by the Maintenance wiedged by the ne exit conference on TY CODE STANDARD quipment is in accordance at Electrical Code. 9.1.2 If met as evidenced by: and interview, the facility all cutlets were ew with the Maintenance 9, 2013 between 8:00 irmed the following all outlets: ve across from the DON vision at the North 200 e, by room 103 was loose, ning room was loose, dor across from the	K 147	Residents Affected All residents have the potential to be affected. Measures/Systemic Changes Authorized vendor will ensure sprinkler heads in the North HVAC equipment room meet code. Monitoring Changes Authorized vendor will confirm that all sprinkler heads meet cod during quarterly inspections. Ar future reports of non-complianc will be reported to Safety Committee Meeting (Nursing, Executive Director, Human Resources, Maintenance, Director of Clinical Education) monthly for (3) months and recommendations made as appropriate.	e	10/22/13	

2013-09-17 13:13 DC0547PM13501 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 16/17 PRINTED: 09/12/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MAILTIPLE CONSTRUCTION (X3) DATÉ SURVEY COMPLETED A BUILDING Of - MAIN BUILDING OF 445135 NAME OF PROVIDER OR SUPPLIER 09/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - WINDWOOD 220 LONGMIRE RD CLINTON, YN 37716 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX : PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (D (XII) COMPLETION DATE PREFIX TAG TAG DEFICIENCY) K 147 Continued From page 3 K 147 K 147 clean utility room was loose, and 6. Outlet in the corridor between rooms 200/202 indicated "open ground" when tested. Residents Affected These findings were verified by the Maintenance Supervisor and acknowledged by the All residents have the potential to Administrator during the exit conference on be affected. September 9, 2013. Measures/Systemic Changes Electrical contractor contacted, Outlets will be repaired/ replaced to meet code. Monitoring Changes Electrical outlets will be checked during interior round and monthly room inspections. Any future reports of non-compliance will be reported to Safety Committee Meeting: (Nursing, Executive Director, Human Resources, Maintenance, Director of 10/22/13 Clinical Education) monthly for (3) months and recommendations made as appropriate.

Event ID: GNW821

Facility ID: TNO108

If continuation sheet Page 4 of 4

FORM CMS-2567(02-96) Provious Vorsions Objected